

APPLICATION DATA SHEET

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: Listing

Number of CD disks:: 3

Number of copies of CDs::

Sequence submission?:: Yes

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title :: METHOD AND NUCLEIC ACIDS FOR THE
ANALYSIS OF BREAST CELL
PROLIFERATIVE DISORDERS

Attorney Docket Number:: 47675-102

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

10/526108

DT01 Rec'd PCT/PT 28 FEB 2005

Secrecy Order in Parent Appl.?:

No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Sabine
Middle Name::	
Family Name::	Maier
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Markelstrasse 60
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	12163

Second Applicant Information

Applicant Authority Type::	
Primary Citizenship Country::	
Status::	
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	

10/526108

DT01 Rec'd PCT/PT 28 FEB 2005

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Third Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

10/526108

DT01 Rec'd PCT/PT 28 FEB 2005

Fourth Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number: 206-628-7699

10/526108

DTG1 Rec'd PCT/P 28 FEB 2005

E-Mail address::

barrydavison@dwt.com**Representative Information**

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP2003/07827	07/18/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	10239313.3	08/27/02	Yes
DE	10255104.9	11/26/02	Yes

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	